

Hello Latin America & Canada!

Check out *your* website at: <http://tricare15.army.mil>



- Updated Spring Conference Action Items
- Updated Spring Conference Photos
- International SOS Changing Long Distance Carriers . . . *Stand By!*
- **A Personal Letter from the TLAC Medical Director**

POCs: Remember To Send A Copy Of Orders With ALL New Enrollment Requests!

TRICARE Region 15 Spring 2002 Conference

Please review the updated Conference Action Items List (attached).

Photos from the conference are available on the TLAC website at <http://tricare15.army.mil/conf15.htm>

!!!International SOS Has A New Long Distance Procedure!!!

International SOS has changed their Long Distance Carrier. Attached is the list of new access codes for Sprint by country. This new list will be included in each of the new welcome packages mailed out. The TLAC Support Office needs everyone to get a copy of these new access codes in the hands of all the Prime households in your area! If you have any difficulty in reaching the Call Center via the toll free line, contact them via the call collect number or their 24/7 email address at phlopsmed@internationalsos.com.

From the Desk of the TLAC Medical Director: Ladies and Gentlemen, first let me assure you that the healthcare of every TRICARE beneficiary in my region is my primary reason for being here and I take that responsibility very seriously. I say that first because I must convey to you my growing concern regarding the issue of travel back to the States for medical care. I am painfully aware of the remoteness of where you are serving and the absence of medical resources in many of the countries in our AOR. *That being said . . .*

. . . We at the TLAC Support Office are committed to providing local healthcare services where possible and stateside care when it's not. This I must do in the most economical manner possible balanced with the highest quality care available. We're not talkin' Motel 6, but we are talking about being good stewards of the TRICARE dollar which is a finite amount. I can not and will not get into the business of acting as a travel agent. It is a wise practice to obtain healthcare in conjunction with scheduled visits to the U.S. In these situations, we can assist you in scheduling needed appointments. However, we are at the mercy of the various MTFs and clinics and we need ample lead time for success. What we cannot do is convert your scheduled leave or existing TDY into a medical need. We cannot allow medical requests to create paid vacations. We cannot become your travel agent. The primary function of referred medical care will center around the medical needs only.

Care sought and provided through our office will follow the principal of what is the most cost effective and reasonable care. Follow-up care after treatment in the States best served within the Host Country through ISOS. If extended stays are required, we will seek such venues as self-care wards within the MTF or lodging onbase. Convalescent leave without TDY dollars may be utilized. Care will not be coordinated for your convenience alone. When extended care is indicated, agreements will be made prior to referral.

I have personally established a line of communication with the SOUTHCOM Surgeon, the Department of State Surgeon, and the MSG Detachment Commander at Quantico and Miami to recommend early return of active duty and/or family member due to the cost and frequency of their continued health needs and future ability to meet the mission. Realistically, if you're on a one year tour and need to spend 8 weeks at Walter Reed, there is a mission detriment.

All too frequently we extend a Medical TDY for literally weeks of follow up visits that could be accomplished by a host nation provider through ISOS, or, work through multiple TDYs for follow up visits. I need everyone's help here. Fraud is fraud and abuse is abuse. Let's stamp it out.

COL Stapleton /s/

WPS Customer Service Phone Numbers for TRICARE Overseas are 608.301.2310 and 608.301.2311

T T L A C B B l u r b

On the Teen Scene: Food Label Makes Good Eating Easier

by Paula Kurtzweil

Tortilla chips. Chocolate pudding. Frozen yogurt. Allison Gilliam, 16, of Gaithersburg, Md., points out some of her favorite foods at her neighborhood grocery store. Sliced turkey. Dried fruit. The list of items goes on. They're all delicious, and you might never guess that they're also all low in or without fat. Even the chocolate pudding! It says so right on the food label, and Gilliam, a high-school junior, spots the information right away. A front-label fat claim draws her to the product, and she finds the Nutrition Facts panel on the side or back of the package with more complete information. Gilliam uses the food label to help her control her fat intake. "I used to be fat," she says. "I lost 45 pounds." She knows dietary fat is the most concentrated source of calories (9 calories per gram versus 4 calories per gram for carbohydrate and protein), so she checks the label to see how much fat a food contains. If the fat content is over 5 grams per serving, she considers buying something else instead. Like Gilliam, you can make the food label work for you--whether your concern is losing weight, gaining weight, eating enough protein, eating less fat, or simply staying in the good shape you're in.

- The food label was revamped in 1994, thanks to regulations from the Food and Drug Administration and the U.S. Department of Agriculture. As a result, you get:
- easy-to-read nutrition information required on almost every packaged food
- %Daily Values, which show how a serving of food fits into a total day's diet
- serving sizes that are closer to the amounts most people actually eat than previous labeling
- nutrition claims that mean the same on every product
- voluntary information for the most commonly eaten fresh fruits and vegetables, and raw fish and cuts of meat. This information may appear on posters or in brochures in the same area as the food.

Get the Facts

The main draw is the "Nutrition Facts" panel, which gives information about nutrients people are most concerned about today. For example, the panel gives the lowdown on fat, saturated fat, and cholesterol because of their link to heart disease. (See "On the Teen Scene: Good News About Good Nutrition" in the April 1992 FDA Consumer.)

You may find particularly useful information about nutrients that teenagers especially need. For instance, girls, who often eat fewer calories than boys, sometimes don't get enough calcium and iron, so they can use the label to help them choose foods that give a good supply of those nutrients. Girls also have special needs for these nutrients: Consumption of milk and other products containing calcium in teen years may help prevent osteoporosis later in life; extra iron is sometimes needed to replace what's lost during menstruation.

Almost everyone wants to know about calorie content. For sports-minded teens, getting enough calories may be the concern, while those who tend to be overweight may want to reduce their calorie intake. The food label can help because it almost always will list the calories in a serving of food.

%Daily Values

The amount of nutrients in a food is given in one or two ways: in grams (or milligrams) or as a percentage of the Daily Value, a new label reference tool. The %Daily Value shows how a serving of food fits in with current recommendations for a healthful daily diet. These reference numbers--called Daily Values--are based on the government's Dietary Guidelines; for example, one guideline recommends restricting fat intake to 30 percent or less of calorie intake. The government has set 2,000 calories a day as the basis for calculating %Daily Values. Of course, not everyone eats this amount. Teen-age girls often average 2,200 calories a day, while some teen-age boys may eat 2,500 or more calories a day. Whatever your calorie intake, you still can use the %Daily Values on the label to get a general idea of how a serving of food fits into the total daily diet. The goal is to eat about 100 percent of the Daily Value for each nutrient each day. For nutrients that may be related to health problems--such as fat, saturated fat, and sodium--100 percent should be the upper limit. For other nutrients that are often needed to maintain good health and which may be in short supply--such as fiber and calcium--the goal is to eat at least 100 percent. A good rule of thumb: If the %Daily Value listed on the panel is 5 or less, the food contributes a small amount of that nutrient to the diet.

Nutrient Claims

Just as Gilliam does for low-fat products, you can easily spot foods offering the kind of nutritional benefits you want by looking for claims on the package. The government has set strict definitions for 12 "core" terms; free, reduced, lean, less, light, extra lean, low, fewer, high, more, good source, and healthy.

These terms can be used only if the food meets certain criteria, so when you see them, you can believe them.

Health Claims

Another type of claim, the health claim, also can alert you to nutritious foods. FDA has approved 10 claims. They show a link between: calcium and a lower risk of osteoporosis. The claim must state that regular exercise and a healthy diet with enough calcium helps teen and young adult white and Asian women maintain good bone health and may reduce their high risk of osteoporosis later in life.

- fat and a greater risk of cancer
- saturated fat and cholesterol and a greater risk of heart disease
- fiber-containing grain products, fruits and vegetables and a reduced risk of cancer
- fruits, vegetables and grain products that contain fiber and a reduced risk of heart disease
- sodium and a greater risk of high blood pressure
- fruits and vegetables and a reduced risk of cancer
- folic acid and a decreased risk of neural tube defects in fetuses. Neural tube malformations are serious birth defects that cause disability or death. (See "How Folate Can Help Prevent Birth Defects" in the September 1996 FDA Consumer.)
- dietary sugar alcohols and a reduced risk of cavities
- soluble fiber from whole oats, as part of a diet low in saturated fat and cholesterol, and a reduced risk of heart disease.

Look for the Info

The food label won't tell you what foods to eat--that's your decision--but it will help you find foods with the kinds of nutritional benefits you want. Also, many fast-food places voluntarily offer nutrition information about their foods. The information is often available on request. Many of these restaurants now offer low-fat choices, including lettuce salads and low-fat entrees.

So, like teenage Gilliam, you, too, may soon find yourself eating a whole new way. In Gilliam's case, that's a low-fat diet that includes such foods as baked tortilla chips, fat-free pudding, nonfat frozen yogurt, and skim milk. After all, said Gilliam, "It's second nature to me now."

Paula Kurtzweil is a member of FDA's public affairs staff.

What Some Claims Mean

- **high-protein:** at least 10 grams (g) high-quality protein per serving
- **good source of calcium:** at least 100 milligrams (mg) calcium per serving
- **more iron:** at least 1.8 mg more iron per serving than reference food. (Label will say 10 percent more of the Daily Value for iron.)
- **fat-free:** less than 0.5 g fat per serving
- **low-fat:** 3 g or less fat per serving. (If the serving size is 30 g or less or 2 tablespoons or less, 3 g or less fat per 50 g of the food.)
- **reduced or fewer calories:** at least 25 percent fewer calories per serving than the reference food
- **sugar-free:** less than 0.5 g sugar per serving
- **light** (two meanings): one-third fewer calories or half the fat of the reference food. (If 50 percent or more of the food's calories are from fat, the fat must be reduced by 50 percent), or, a "low-calorie," "low-fat" food whose sodium content has been reduced by 50 percent of the reference food